

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39400

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2941</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette, Missouri.</u>		c. LENGTH OF STAY (In this place) <u>3 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette,</u>		<u>4380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res: 14 Covington Meadows.</u>				d. STREET ADDRESS (If rural, give location) <u>14 Covington Meadows.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOYD</u>		b. (Middle) <u>E.</u>		c. (Last) <u>HOPKINS.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4, 1950.</u>	
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>Jan'y 12, 1889.</u>	
9. AGE (In years last birthday) <u>61.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman.. Curtiss Manufacturing Co.,</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Francis Hopkins.</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Mulhall.</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Wild Hopkins.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u>		16. SOCIAL SECURITY NO. <u>490-03-2309.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs L. E. Hopkins, 14 Covington Meadows.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Myeloma.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u> <u>203X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>43</u> , to <u>Dec 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 4</u> , 19 <u>50</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Louis J. Carter M.D.</u>				23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>12/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL..</u>		24b. DATE <u>12/7/50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery..</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.,</u>	
DATE REC'D BY LOCAL REG. <u>12/5/50.</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lupton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons 7233 Delmar Blv'd.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7 hours
st. Louis
8665-0112

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address, *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.